

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
							CLAIMS	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEF.
	IND.	DEF.	IND.	DEF.	IND.	DEF.		
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TOTAL IND.	4							
TOTAL DEF.	83							
TOTAL CLAIMS	87							
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TOTAL IND.	2							
TOTAL DEF.	10							
TOTAL CLAIMS	12							